



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due on/Before: 11/30/2018

Reporting Year: 2018

Return completed form within 30 days to

Idaho Secretary of State
Attn: Annual Reports
700 West Jefferson, E205
450 North 4th Street
Boise, ID 83702
Phone: (208) 334-2300

Annual Report: No filing fee if received by due date.

If reinstatement is required, the reinstatement fee is \$30.00.

SOS Control Number: 217792

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/30/2007

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SCHERR L.L.C.
333 BIRCH HAVEN DR
SAGLE, ID 83860

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

LESTER E SCHERR
333 BIRCH HAVEN DR
SAGLE, ID 83860

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TERESA BENARD	333 Birch Haven Dr.	Sagle ID. 83860
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	TREVOR SCHERR	333 Birch Haven Dr.	Sagle ID. 83860
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	CONNIE SCHERR	333 Birch Haven Dr.	Sagle ID. 83860
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Connie Scherr

(6) Date:

10-24-18

(7) Type/Print Name:

Connie Scherr

(8) Title:

MGR

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30 if reinstating. Sign and date this form and return to the address provided above.

B0027-2305 10/29/2018 1:24 PM Received by ID Secretary of State Lawrence Denney